



LIFE INSURANCE ELECTION
DISTRICT OF COLUMBIA EMPLOYEES GROUP
LIFE INSURANCE PROGRAM

See Privacy Act
Information on
Reverse Side

- 1 General Instructions:** By law, a person who is not excluded from coverage automatically has Basic Life insurance, unless he or she waives all coverage. When you first become eligible for DCEGLI you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the reverse side.

To complete this form:

- Read the back of Part 3—Employee Copy carefully
- Type or print in ink. Use sufficient pressure to make all copies legible.
- Do not separate the parts. Your Servicing Personnel Office will certify the completed form and return your copy to you. This form should be kept with your personal papers.

2 Fill in identifying information

| | | | | | |
|--------------------------------|---------|----------|----------------------------------|------------------------|--|
| Name (Last) | (First) | (Middle) | Date of Birth (Month, Day, Year) | Social Security Number | |
| | | | | | |
| Employing Department or Agency | | | | | |

3 To elect Basic Life, sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.

| | | |
|-------------------|---|-------------------------|
| Basic Life | I want the Basic Life Insurance. I authorize deductions to pay my share of the cost. | |
| | Signature (Do not print) | Date (Month, Day, Year) |

4 If you have elected Basic Life, you may elect any or all of the following options. Sign the box below for any option(s) you want. (You will not have coverage for any option(s) for which you do not sign.)

| Option A—Standard | Option B—Additional | Option C—Family | | | | | | |
|---|--|---|---|---|---|---|--|--|
| I want the Standard \$10,000 optional insurance. I authorize deductions to pay the full cost. | I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.) <table border="0"><tr><td><input type="checkbox"/> 1 times my pay</td><td><input type="checkbox"/> 4 times my pay</td></tr><tr><td><input type="checkbox"/> 2 times my pay</td><td><input type="checkbox"/> 5 times my pay</td></tr><tr><td><input type="checkbox"/> 3 times my pay</td><td></td></tr></table> | <input type="checkbox"/> 1 times my pay | <input type="checkbox"/> 4 times my pay | <input type="checkbox"/> 2 times my pay | <input type="checkbox"/> 5 times my pay | <input type="checkbox"/> 3 times my pay | | I want the Family optional insurance. I understand that in the event of the death of my spouse I would receive \$5,000 and upon the death of a child I would receive \$2,500. I authorize deductions to pay the full cost. |
| <input type="checkbox"/> 1 times my pay | <input type="checkbox"/> 4 times my pay | | | | | | | |
| <input type="checkbox"/> 2 times my pay | <input type="checkbox"/> 5 times my pay | | | | | | | |
| <input type="checkbox"/> 3 times my pay | | | | | | | | |
| Signature (Do not print) | Signature (Do not print) | Signature (Do not print) | | | | | | |
| Date | Date | Date | | | | | | |

5 If you want NO life insurance coverage at all, sign and date below.

| | | |
|--|---|------|
| Waiver of All Life Insurance Coverage | I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my Servicing Personnel Office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in District service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the reverse side, and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree. | |
| | Signature (Do not print) | Date |

For the Servicing Personnel Office Only

| | | |
|--|--|--|
| Certification I certify that the above named employee is eligible for the insurance coverage he or she has elected above. Signature of Authorized Agency Official | Date of Receipt in Servicing Personnel Office (Month, Day, Year) | Number of Event Permitting Change <input type="checkbox"/> |
| | Effective Date of Coverage (Month, Day, Year) | Payroll Office—Insurance Code 1 2 3 4 Form 1 |

White Copy—Personnel Folder

Canary Copy—Payroll

Pink Copy—Employee

INSTRUCTIONS TO EMPLOYEES

New Employees

All new employees not excluded by law or regulation from insurance coverage, and other employees who are newly eligible, must complete this form. You have 31 days from the date you are appointed, or first become eligible to participate, to return this form to your Servicing Personnel Office (SPO). You will automatically have Basic Life Insurance deductions taken out of your salary from your first day in a duty (at work) and pay status unless you waive insurance by signing in item 5 and give this form to your SPO before the end of your first pay period. You do not have any optional insurance unless you sign item 3 and one or more of the blocks in item 4 of this form, and return it to your employing office within 31 days from the date you are appointed.

Employees With Prior Government Service

A life insurance election (DCSF 1275) filed during an earlier period of District employment stays in effect unless you change coverage or unless you have a break in service of at least 180 days. If you have a break in service of less than 180 days and were eligible in your last period of employment, you should have a form on file. Your insurance in your new employment will be the same as you previously had. If you want to change, follow the instructions below in "Waiving or Changing Your Insurance Coverage." If you previously filed a waiver of insurance coverage and have a break in service of at least 180 days, your previous waiver is automatically canceled and you have a new right to elect insurance coverage. You will be covered by Basic Life Insurance unless you waive it before the end of your first pay period.

How to Complete and Review Your Election Form

- Follow the instructions for each item carefully.
- When you have filled out the form, review it to be sure it is complete and correct. The following checklist should help you review it.
 - If you signed item 3, you elected Basic Life Insurance. You should not have signed item 5. (You cannot elect life insurance and waive it at the same time.)
 - If you signed any block in item 4, you should also have signed item 3. (You cannot elect an option unless you elect Basic Life.)
 - If you signed item 4 for Option B—Additional, you should also have marked one of the 5 boxes to show how many multiples of basic pay you wish to elect. You should not have marked more than one box.
 - If you signed item 5, you should not have signed item 3 or any block in item 4. (You cannot waive life insurance and elect it at the same time.)

- Be sure you sign for all options that you want. This election will supersede all previous elections. If you have had an option and wish to keep it, you must reelect it by signing the appropriate box.

PLEASE BE AWARE THAT YOU ARE SOLELY RESPONSIBLE FOR ENSURING THAT YOUR DCSF 1275 IS CORRECT—i.e., THAT THE ELECTIONS MADE ACCURATELY REFLECT YOUR INTENTIONS.

Waiving or Changing Your Insurance Coverage

If you waive Basic Life or decline one or more of the options, your opportunities to cancel your waiver or enroll in an option you previously declined are strictly limited.

A waiver or cancellation of coverage may also affect your eligibility for continuing coverage into retirement. The following requirements must be met for Basic Life coverage to continue after you retire.

- You must have been insured for Basic Life coverage for the five years of service immediately before your retirement (or for the entire period during which coverage was available to you if insured for less than five years); and,
- You must not convert your Basic Life coverage to an individual policy.

Similar conditions must be met for continuation of optional insurance coverages into retirement.

How to Verify That Your Servicing Personnel Office Took Correct Action on Your Election

When your SPO has finished processing your election form, you will receive a copy of Form-1, Notice of Personnel Action, showing your life insurance status. An explanation of your life insurance code appears below.

Privacy Act Statement

All official personnel records of the District government shall be established, maintained and disposed of in a manner designed to ensure the greatest degree of applicant or employee privacy while providing adequate, necessary and complete information for the District to carry out its responsibilities under this chapter. Such records shall be established, maintained and disposed of in accordance with rules and regulations issued by the Mayor. (D.C. Code sec. 1-632.1 *et seq.*) The information you furnish may be shared with federal, state, District, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, the information may be shared with federal, state, District, or local law enforcement agencies to the extent it indicates a violation of civil or criminal law.

CODING

- If employee is ineligible for life insurance, the code is A.
- If employee waives life insurance, the code is B.
- If employee elects Basic Insurance, the first digit is 1.
- If employee elects Option A, the second digit is 1; if not, digit is 0.
- The third digit indicates multiple of salary elected, 0 to 5.
- If employee elects Option C, the fourth digit is 1; if not, digit is 0.

FORM 1 Equivalents of Insurance Codes

| INSURANCE | | INSURANCE | | INSURANCE | | INSURANCE | | INSURANCE | |
|------------|---|-----------|---|-----------|---|-----------|---|-----------|---|
| Ineligible | A | 1010 | G | 1120 | L | 1031 | Q | 1141 | V |
| 0000 | B | 1110 | H | 1021 | M | 1131 | R | 1050 | W |
| 1000 | C | 1011 | I | 1121 | N | 1040 | S | 1150 | X |
| 1100 | D | 1111 | J | 1030 | O | 1140 | T | 1051 | Y |
| 1001 | E | 1020 | K | 1130 | P | 1041 | U | 1151 | Z |
| 1101 | F | | | | | | | | |